

**1st Meeting of the Coordinating Committee for the
Intersectoral Healthy Living Network**

Meeting Report

**September 22 – 24, 2004
Ottawa**

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Background and Introduction

The first meeting of the Coordinating Committee for the Intersectoral Healthy Living Network (IHLN) took place in Ottawa September 22 – 24, 2004.

The Coordinating Committee will form the core of the IHLN, which will build on existing networks and facilitate broad, coordinated, intersectoral collaboration to address the root causes of identified health concerns. Its purpose is to act as a vehicle to direct and advance the development of the Healthy Living Strategy and its implementation; advise the Advisory Committee on Population Health and Health Security (ACPHHS); encourage and promote integration and coordination of healthy living activities; foster partnerships among sectors and across jurisdictions; communicate key messages; and provide a platform for discussion and debate. The Coordinating Committee will act as the engine to move the IHLN forward and provide leadership on healthy living issues, focusing primarily on physical activity, healthy eating and their relationship to healthy weights.

At this first meeting the Coordinating Committee established working groups with specific areas of focus – action areas endorsed by the Ministers of Health in September 2003. They are: Intersectoral Healthy Living Fund; Public Information and Social Marketing; Priorities and Objectives; and Research and Surveillance.

The Coordinating Committee will present a business plan to ACPHHS in April 2005 that will focus on the four action areas. To ensure the Healthy Living Strategy reflects the unique needs and concerns of Aboriginal Peoples, an Aboriginal dialogue will take place in the form of four roundtable discussions throughout fall/winter 2004 – 2005.

Wednesday September 22

Co-chairs Opening Remarks

Following is a summary opening remarks from the three co-chairs.

Claude Rocan, Director General, Population and Public Health Branch, Health Canada

In September 2002 the federal, provincial and territorial Ministers of Health directed officials to work together on healthy living strategies initially emphasizing healthy eating, physical activity and their relationship to healthy weights. Consultations took place over the next year revealing the need for government leadership at all levels, and the importance of intersectoral and interjurisdictional collaboration. The Strategy is built on a population health approach and will address health disparities as one of its two overarching goals.

Five action areas have been identified and were approved by the Ministers: Intersectoral Healthy Living Network; Healthy Living Intersectoral Fund; Public Information; Research and Surveillance; and an Aboriginal dialogue.

The Intersectoral Healthy Living Network (IHLN) will provide overall leadership, direction to, and policy advice on the development and implementation of the Strategy. The current emphasis is on healthy eating, physical activity and their relationship to healthy weights, and their role in the prevention of non-communicable diseases. However this will eventually be expanded to address other priority health issues in the future such as mental health and injury prevention.

This is the first meeting of the Intersectoral Healthy Living Network Coordinating Committee.

The direction from the Deputies is clear. The Network is not an advocacy group but an action-oriented mechanism that is directed to (as its first steps):

- Develop an intersectoral business plan, setting the specific objectives, targets, and indicators for the Strategy.
- Explore options and models for an intersectoral fund.
- Establish a coordinating research and surveillance body.
- Develop a social marketing campaign.

A refined Healthy Living Strategy is expected by Deputy Ministers by June 2005 and this will strongly influence the future of the Network.

Elinor Wilson, Executive Director, Canadian Public Health Association (representing the Chronic Disease Prevention Alliance of Canada)

CDPAC has been working to perform two key functions:

- To be the voice of influence for systems changes to reduce chronic diseases and improve health.
- To act as a synergistic and dynamic network of intersectoral partners at all levels to share information, plan and act together.

CDPAC was established in 2001 as a networked community of organizations and individuals who share a common vision for an integrated system of chronic disease prevention in Canada. It acts to foster and help sustain a co-ordinated, country-wide approach for prevention of chronic diseases in Canada through collaborative leadership, advocacy and capacity building. CPDAC is a network of public and private sector organizations.

CDPAC's long-term goals are to:

- Decrease the incidence of chronic disease.
- Reduce health inequalities.
- Increase health enhancing behaviours.
- Increase overall quality of life.

There are many opportunities for the Coordinating Committee to build on the work already being done across the country to reduce and prevent chronic disease and to promote healthy living among all Canadians.

Neil MacDonald, Director, Population Health Strategies Branch, Alberta

The Intersectoral Healthy Living Network has been mandated by the Deputy Ministers to:

- Act as the means to direct and advance the development of the Healthy Living Strategy and its implementation.
- Advise the Advisory Committee on Public Health and Health Security (ACPHHS) and other stakeholders on options for the development and implementation of the Healthy Living Strategy.
- Encourage and promote integration and coordination of Healthy Living activities.
- Foster partnerships and opportunities for collaboration among sectors and across jurisdictions.
- Communicate consistent messages on key issues.
- Provide a platform for discussion and debate around future priorities and directions of the Healthy Living Strategy.

The plan of action is to report to the ACPHHS in March with concrete actions, followed by reporting to the Deputy Ministers in June, and then to the Ministers at their annual meeting in September.

The Healthy Living Strategy will bring about changes in the following areas:

- Increase mechanisms to facilitate interjurisdictional efforts and intersectoral collaboration.
- Systemic change, including supportive infrastructure and improved community capacity.
- Increased evidence-based knowledge.
- Universal and targeted messaging.
- Empowerment of population groups and individuals.
- Increased resources for sustained action.
- Healthy choices made the easy choices for Canadians.

Thursday September 23

Participants received a binder that included a Proposed Workplan for the Intersectoral Healthy Living Network (IHLN), Terms of Reference for the IHLN and Guidelines for Working Groups.

IHLN Terms of Reference

Participants were invited to review the IHLN Terms of Reference and discuss them at their tables, although they have been approved by Deputy Ministers and therefore are not open to modification. Following is a summary of the comments and concerns reported back in plenary.

What we heard:

Areas for clarification

- Define the IHLN.
- Although the guidelines for time and travel expenses are not clearly defined, it is expected that those groups who can afford to will pay for their representatives to participate in the Coordinating Committee meetings.
- Best practices need to be defined (the academic definition is narrow) and it should be acknowledged that best practices cannot be uniformly applied across the country.
- Clarity is required around the roles and responsibilities of the executive group for the Coordinating Committee, although it is acknowledged that the current executive is an interim group for the short term, and membership will be adjusted. Currently the executive committee includes the Healthy Living Task Group members and Elinor Wilson (the non-governmental IHLN Co-chair).
- The level of commitment expected of the various networks and organizations across the country should be clarified.

Partners

- The research community should be a separate category of membership, not listed under “professions.”
- Sport Canada should be at the table.
- Important groups and sectors have already been identified such as CDPAC, sport, fitness and recreation. Existing networks such as the School Health Consortium (health and education ministries) should be recognized and used.
- Each working group will not include more than two Coordinating Committee members, leaving ample room for other relevant organizations and groups from various sectors to be involved.
- An Aboriginal representative will be included in each working group and an Aboriginal dialogue will be taking place.
- Although there are no mental health representatives on the Coordinating Committee, it is an important area and mental health issues must be considered.

Implementation

- As the long-term funding has not been defined, there will be questions around the feasibility of implementing the goals identified at this session. Currently there is funding for the working groups to develop action plans that will be presented to the Ministers. When these plans are presented funding requests will also be made.
- Stress that actions must be effective and concrete.
- Acknowledge the unique challenges facing communities across the country around physical activity and healthy eating, e.g., the high costs associated with shipping food to the North, and lack of infrastructure in some areas.
- Recognize the limits and potential of working at the national level and ensuring results at the local, community level.
- The reporting structure is complex and multi-layered, but it also accommodates the participation of many partners including non-governmental organizations.

Presentations

Neil MacDonald – Healthy Living Strategy Framework

Following is a summary of this presentation. Refer to Appendix C for a copy of the Healthy Living Strategy Framework schematic.

The Ministers of Health endorsed the Healthy Living Strategy Framework in September 2003. It is a conceptual framework for sustained action and it provides overall direction for the Strategy.

Goals of the Strategy

- To improve overall health outcomes.
- To reduce health disparities.

It is founded on the **population health approach** that calls on the use of strategies that address the entire range of factors that determine the health and well-being of the population.

Guiding principles that direct the actions of the Strategy

- Integration
- Partnership and shared responsibility
- Best practices.

Four strategic directions

- Leadership and policy development.
- Knowledge development and transfer.
- Community development and infrastructure.
- Public information.

Key settings

- Home/family

- School
- Workplace
- Community
- Health care settings.

Initial areas of emphasis

- Healthy eating, physical activity and their relationship to healthy weights.
- These are not to be seen in isolation of existing initiatives (e.g., tobacco, diabetes etc.)
- Other areas of emphasis can added in the future (e.g., mental health, injury prevention)

Claude Rocan – Healthy Living: A Platform for Action

Key milestones to date:

- 2002 initial announcement by the Ministers of Health
- 2003 First Ministers' Accord on Health Care Renewal
- 2003 announcement by the Ministers of Health around endorsement of the Strategy Framework and five action items
- 2004 indication of the Council of the Federation that the Strategy has been approved and is being implemented in participating provinces and territories.
- 2004 First Ministers' meeting where they highlighted the importance of efforts to address prevention, promotion and public health, and their link to the sustainability of the health care system.

Expected outcomes of the Healthy Living Strategy

- Increase in physical activity, healthy eating and healthy weights.
- Reduction in chronic diseases.
- Contribution to health system sustainability.

In September 2003, the Health Ministers endorsed five action areas:

- Intersectoral Healthy Living Network
- Research, surveillance and best practices
- Intersectoral fund
- Public information
- Aboriginal dialogue

The **Intersectoral Healthy Living Network** (IHLN) builds on existing networks and facilitates broad, coordinated, intersectoral collaboration to address the root causes of identified health concerns.

A draft **Coordinating Committee workplan** has been developed that will be refined drawing on the results of this first meeting.

Next steps

- Coordinating Committee and Working Groups will present a business plan to present to ACPHHS in April 2005 and the Deputy Ministers in June 2005.
- An environmental scan is being carried out to develop a comprehensive picture of the healthy living landscape in Canada. The projected completion date is late Fall or early Winter 2004.
- Report back to the Ministers of Health at their annual meeting (mid October 2004) on progress to date.

Discussion

Following is a brief summary of the discussion that took place in plenary following the two preceding presentations.

- The Coordinating Committee members will be updated about the presentations to ACPHHS, Deputy Ministers, and Ministers of Health.
- Communication should also take place between ministries, and a mechanism is already in place for this to happen between the ministries of health and education.
- Evaluation is an important component to the Strategy to show measurable success and should be built in at the beginning.
- Past programs that have proven successful should be examined and expanded upon.

Jim Mintz – Healthy Living Social Marketing

Public Information Working Group at Health Canada

A social marketing roundtable was held. A working group was formed to discuss communications/marketing approach. Target audience, message and vehicles for the campaign have been discussed and Go For Green's Gardening for Life is being considered as a possible pilot project.

The Concerned Children's Advertisers Active Living Program

An active living program for children is being developed around physical activity and healthy eating. A national, bilingual, three-year campaign, it is aimed at children 12 and under. A parent / educator program is being developed to complement advertising activities and Health Canada funded a TV public service announcement.

Health Canada's Guide to Healthy Eating and Physical Activity

Health Canada has developed a combined guide to healthy eating and physical activity for parents of children under 12. It is being focus tested in early October with a possible launch in January 2005.

Social Marketing Strategy

A \$3.5 million social marketing campaign has received initial approval. It is to focus on healthy eating, physical activity and sport participation. The strategy targets parents of elementary school children and is projected to be launched in February 2005.

Strategic alliance guidelines

Guidelines have been developed to assess and evaluate strategic alliance proposals. Their purpose is to evaluate proposals using standard evaluation criteria.

Discussion

Following is a brief summary of the discussion following the presentation.

- Although the Food Guide is being re-evaluated, extensive work has already been done around dietary reference intakes (DRIs) and the science is solid. The combined guide is a great opportunity to include the healthy eating and physical activity information together as well as to integrate healthy weights messages.
- Barriers such as legal regulations are being considered.
- A feasibility study has been completed by Sport Canada around ParticipACTION, but the results are as of yet unknown.
- CIHR will be involved around evaluation and research. Some research has already been completed, including a literature review on healthy living that examined barriers.
- The strategy will not focus on the individual, but will take a population health approach.
- Baseline research will be carried out prior to the campaign, with evaluation follow-up at six months and one year.
- Discussions are underway with Heritage Canada and Sport Canada.
- The campaign will include adaptations for Aboriginal audiences.

Friday September 24

Presentation

Brandi Epstein – Communication Tool: Progress Report

The communications tool will help ensure effective and regular internal communication and facilitate networking. It is a tool for the Coordinating Committee that is easy to use, efficient, cost effective and secure (limited access – members will be sent user ID to register). Hosted by the Secretariat, it will function as a virtual meeting space and filing cabinet. It is anticipated to start in early October.

It includes the following main sections:

- Calendar – includes a list of coming events and relevant supporting documents.
- Newsroom – members can post documents related to programs, activities, research, policies etc.
- Discussions – discussion area.
- Documents – a storage area for critical documents.

Members will be notified by e-mail of updates to the site.

Discussion

Following is a brief summary of the discussion following the presentation.

- Members will be able to download final documents.
- Working Group members will be able to upload documents to the site.
- It is an evolving tool and all feedback and comments can be sent to the Secretariat.
- Usage of site will be tracked as a means to assess overall value of the tool.

Summary of Working Group Discussions

At this first meeting of the Coordinating Committee, participants were assigned to one of four small groups. Each small group was tasked with establishing a working group for its assigned action area (Healthy Living Intersectoral Fund; Public Information: Priorities and Objectives; and Research and Surveillance).

Guidelines for Working Groups

All Working Groups (WGs) are to:

- Engage the IHLN Coordinating Committee and other networks.
- Integrate health disparities.
- Focus on action.

Membership should include approximately 10 – 12 participants including one federal and/or provincial governmental representative, one Aboriginal representative, one physical activity representative, one nutrition representative, one Healthy Living Task Group member, and ideally no more than two Coordinating Committee members. Each WG will develop a detailed workplan and produce an interim report in late fall or early winter and a final report in March 2005 for submission to Deputy Ministers in June 2005. Each WG has a budget of \$20K until March 2005. Although meetings are at the discretion of each WG, it is expected one face-to-face meeting will take place and teleconferences as appropriate. The meeting schedule for each WG should be set before the end of September 2004.

Following is a summary of the discussions from each of the working groups highlighting the proposed working group members, decisions made, action items and next steps.

Healthy Living Intersectoral Fund

Participants: Ruth Hawkins (Health Canada), Neil MacDonald (Alberta), Erin Murphy (Federation of Canadian Municipalities), Duane Morrisseau (Métis National Council), Colette Arnal (United Way of Canada), Dawn Binns (PEI HL Strategy), Bryan Hendry (Assembly of First Nations), Bill Werry (Human Services Integration Forum, Saskatchewan), Tracy Howson (OPHA).

Goal: To develop the objectives, priorities, criteria for funding, and an evaluation plan for an Intersectoral Fund that will support non-governmental national, regional and community healthy living initiatives.

Proposed working group members and chair:

- Chair: Dawn Binns (PEI Healthy Living Strategy) – TBC
- Aboriginal representation – Duane Morrisseau
- Federal government – Ruth Hawkins
- P/T government – Annette Flaherty (Alberta)
- Municipal government – Erin Murphy, Federation of Canadian Municipalities
- Canadian Public Health Association (tbc)
- Foundation representative
- 2 – 3 P/T jurisdictional networks (ensure regional balance) – Arla Gustafson, United Way (west); Tracy Howson, Ontario Chronic Disease Prevention Alliance (central)
- CDPAC federal/provincial/territorial network
- Private sector representative
- Physical activity and nutrition representatives
- *Expert advisors as needed, e.g., research and evaluation, legal, fundraising.

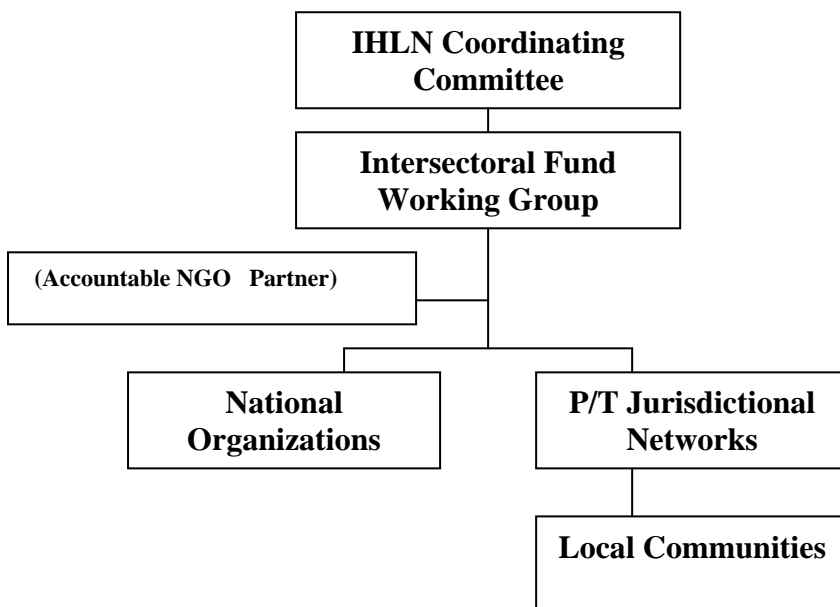
Intersectoral Fund proposed structure

The following diagram illustrates the proposed operational structure of the fund. At the top is the IHLN Coordinating Committee, which will act as the overseeing

committee with final authority (pending approval from ACPHHS). The WG will provide the skills, leadership, and recommendations to the Coordinating Committee. An NGO partner such as the Canadian Public Health Association (CPHA) could act as an accountable partner by housing and administering the funds, but not directing, setting criteria or making financial decisions. CPHA is well positioned to act as the banker as it does this already for other initiatives and is a registered charity, thus allowing multiple funders to contribute.

Funds will flow either directly to national initiatives/organizations or through to the P/Ts through the provincial networks/coalitions. The existing provincial/territorial networks/coalitions will act as clearinghouses to ensure that funds are accessible to both provincial and community level initiatives. This model both allows for collaboration within the provinces and territories (and avoiding duplication) as well as building knowledge and capacity at the community level to develop proposals and develop and evaluate initiatives. Once provincial and national proposals are fed into the WG, collaborative possibilities can also be identified at this stage.

The fund will be integrated, community-relevant, collaborative, evidence-based and focus on the priorities of the IHLN.



Priorities of the working group

- Support infrastructure at regional and community level
- Local initiatives
- National initiatives.

Principles

- Evidence-based
- Evaluation (must be built into funding applications)
- Integrated and collaborative

- Community relevant (working to set their own priorities)
- Avoid duplication and use existing structures.

Next steps

- **September 27 – Oct 1:**
 - Draft results of meeting discussions.
 - Confirm participation of nominated working group members and chair.
 - Identify the capabilities of the existing P/T networks to ensure they have clearinghouse/administrative capabilities.
- **October:**
 - Working group teleconference to discuss draft documents and assign work to be accomplished, including draft work plan.
- **November:**
 - Finalize presentation to Deputy Ministers of Health.

Discussion

Points raised by participants in plenary for the working group's consideration:

- There may be funding opportunities through the Olympics Committee or 2010 Legacies Now.
- Governments may have the time and expertise to help communities and other groups with evaluation and other tasks.
- Not all of the P/T networks are fully functional.
- The criteria for the national level funding must be addressed.
- Communities should be broadly defined to include those beyond physical communities.
- Existing networks and structures must be resourced, not new ones created, e.g., a national infrastructure exists for the physical activity community.
- The communities that could most benefit from initiatives are often the least resourced around submitting funding proposals. These communities must be identified and supported.

Priorities and Objectives Working Group

Participants: Claude Rocan (Health Canada), Danièle Besner (Health Canada), Mary Bush (Health Canada), Dr. Rick Bell (Coalition for Active Living), Jane MacDonald (CNA), Farida Gabbani (HLTG), Karin Lofstrom (CAAWS), Robert McGarry (Congress of National Seniors' Organizations), John Millar (BC Healthy Living Alliance), Brandi Epstein (Secretariat, IHLN)

Goal: Initially to articulate the priorities, targets, activities and indicators for the Integrated Pan-Canadian Healthy Living Strategy (HLS), particularly in the initial areas of emphasis: healthy eating, physical activity and their relationship to healthy weights. And ultimately to develop a monitoring and evaluation framework for the Healthy Living Strategy.

Proposed working group members

- Rick Bell, Coalition for Active Living
- Barbara Davis, Consultant
- Farida Gabbani (HLTG)
- Jane MacDonald (tbc)
- Jean Harvey, Ottawa Carleton Health Dept
- Rural practitioner
- Principal of a school, or someone from the school setting
- Cathy Chenhall - HL coordinator in Nova Scotia
- Policy makers
- Municipalities
- Physical activity and nutrition representatives
- Private sector – Robin Garrett or Bill Patrick

Priorities and objectives were developed around the four strategic directions identified in the Healthy Living Strategy.

Leadership and Policy Development

Conduct a policy review, identifying work and recommendations to date (and considering how to resource them) in the following areas:

- Agricultural subsidies
- Incentives and disincentives to support physical activity and healthy eating
- Establish policies to create trilateral agreements to implement actions recommended by previous federal/provincial/territorial/Aboriginal/municipal (F/P/T/A/M) round tables, e.g., children in poverty, healthy schools, active transportation.
- Support primary health care reform by looking at interdisciplinary approaches and supporting those approaches to include healthy eating (supported by Romanow and Kirby reports).
- Link to healthy cities agenda with a view toward shifting the model from a medical model to a health promotion model.

The Ministers of Health and Education need to come together to take leadership on:

- Healthy eating and physical activity in schools (School Health Consortium)
- Other departments to involve include environment, justice, and transportation.

Taxation

- Examples: learning from the tobacco reduction campaign and taxing unhealthy foods and removing tax from gym memberships.

Advertising

- Restrict advertising in some areas and promote it in others.

Health literacy

- Ensure widespread understanding of and access to healthy eating and physical activity through public information and social marketing initiatives.
- Build on the new nutrition labelling policy that comes into effect December 2004.

Knowledge Development and Transfer

- Critical elements to consider include:
 - Data collection and surveillance around physical activity, healthy eating and their relationship to healthy weights
 - Analysis
 - Knowledge development, translation and transfer (to those who will use it)
 - Exchange of knowledge
 - Action resulting from learning – how knowledge should guide action
 - Evaluation.
- Provide the results to Ministers to encourage outreach with the private sector.
- Develop a knowledge exchange mechanism between the research community, policy makers, practitioners and private sector to ensure communication between the research community and others.
- Undertake joint surveillance and data collection on healthy eating and physical activity at the federal level.

Community Development and Infrastructure

Involving communities is key.

- F/P/T/A/M commitment to develop agreements for community development, including:
 - Design Community Action Plans.
 - Community assessment tool to support communities in identifying their own needs.
- Community Action Plans include:
 - Access to facilities and programs
 - recreation facilities and resources in schools
 - family recreational infrastructure (examining barriers and access issues, e.g., user fees)
 - trails and parks
 - bicycle paths
 - safe streets
 - target populations and settings.
- Sustainable community funding (moving away from yearly funding and current grants and contributions cycle to a sustained funding structure)
 - Encourage P/T/A/Ms to seek funding from targeted programs at Infrastructure Canada, Federation of Canadian Municipalities etc.

- Seek sustainable funding for healthy communities to improve eating and increase physical activity from healthy cities agenda, e.g., properly resource existing physical activity networks.
- Apply to the Intersectoral Fund in 3 – 5 year framework.
- Enhance partnership between Health Canada and Environment Canada and Transport Canada active transportation initiative.

Public Information

- Objective of the social marketing campaign and public education: to promote healthy body image and healthy weights.
- Seek continued support from Ministers for the completion of the combined Physical Activity and Healthy Eating Guide, including its production and dissemination.
- Align healthy living and physical activity campaigns at different levels of government and across sectors. This is one of the biggest challenges of the IHLN – working in alliance and supporting existing provincial, territorial, Aboriginal and local networks and campaigns. For example, the National Métis Youth Role Model Program that has an "Athletic Achievement" award.

General issues to consider

- Ensure community involvement and acknowledge what is already underway.
- Aboriginal perspective is a priority issue – modifications will be required to suit the needs of Aboriginal communities.
- Health disparities
- Seniors (Heritage Canada program)
- Food security issues
- School setting – active and safe routes to school, physical education and activity, healthy food in cafeterias.
- Workplace setting – occupational health and safety, opportunities for physical activity and healthy eating (e.g., bike racks, health choices in cafeterias, showers etc.), payment of gym club memberships etc.
- Community setting

Next Steps

- Confirm working group members and chair. Rick Bell will move the group forward to its first meeting.
- Develop the parameters of the policy review, and identify who will carry out the work.
- Set up working group meeting schedule.
- Develop schedule of activities and work, including draft work plan.
- Prioritize the areas or action according to the short, medium and long terms.

Discussion

Points raised by participants in plenary for the working group's consideration:

- Add an “A” for Aboriginal in the F/P/T/M (federal, provincial, territorial and municipal) jurisdictional references.
- Include social determinants of health in the policy review.
- Include members from the physical activity and nutrition working groups of the School Health Consortium in this WG. This will take advantage of the existing partnership between the health and education ministries that form the two core networks, and will provide a good link to the school setting.
- There are challenges associated with data collection from communities with small populations, e.g., regions in the North, but these communities cannot be left out.

Research and Surveillance Working Group

Participants: Eleanor Swanson (HLTG), Lorraine Adam (Manitoba), Doug McCall (CMEC), Diane Finegood (CIHR), Tracy Gierman (CDPAC), Dr. Verna Mai (Ontario Chronic Disease Prevention Alliance), Dr. Michael Hayes (HLTG), Ann Ellis (Health Canada), Catherine Dallas (Inuit Tapiriit Kanatami), Kathleen Morris (CIHI), Candace Smith (Health Canada)

Goal: To develop or support the development of an integrated research and surveillance agenda by building on existing efforts. The agenda should be informed by the identification of needs and gaps through the environmental scan synthesis.

Proposed working group members

- Key organizations that are doing work that should be capitalized on including Canadian Institutes of Health Research (CIHR), Canadian Population Health Initiative (CPHI)/Canadian Institutes for Health Information (CIHI), Chronic Disease Prevention Alliance of Canada (CDPAC), Canadian Fitness and Lifestyle Research Institute (CLFRI)
- Statistics Canada
- Others that can be identified through the Coordinating Committee members, and list of attendees at Healthy Living Symposium
- National Aboriginal Organizations
- Physical activity and nutrition representatives

Including key user groups in the planning of any activities is important.

Tasks

- Map current and ongoing activity to identify needs and gaps and build on what has already been done, e.g., CDPAC’s Integrated Chronic Disease Prevention Research Workshop and National Obesity Policy Project, ACPHHS Task Group on Surveillance and the Best Practices Consortium on chronic disease prevention and health promotion. Research and surveillance information gathered must be accessible and useful for practitioners in communities.
 - Create a matrix and populate it collectively.
 - This is the main task of this working group.
 - It will be a living document.
 - It will result in information being shared and accessible to all.

- Identify priorities, e.g., areas, systems, value-added.
- Prioritize targets for action.

Dimensions of the Matrix

A lot of work is already being done, e.g., Best Practices Consortium at Health Canada, and research at CIHR around physical activity and healthy eating, but a gap analysis is required. The creation of the matrix will be the key focus of the working group.

- Matrix will include three areas:
 - research / evaluation
 - surveillance
 - best practices synthesis (to avoid duplication)
- Knowledge exchange – at individual, practitioner and policy maker levels
- Practice: healthy eating and physical activity
- Target populations
- Key settings.

Matrix Mapping Exercise

The matrix must be made available to all.

- Examine recent, current and future plans
- In Canada and internationally
- Scope:
 - It is a living document.
 - It is not exhaustive.

Concerns / Challenges

- All working groups are working at the same time on areas that overlap, with time constraints posing challenges to integration. A communication mechanism is required to allow for synergistic efforts.
- There is a lack of understanding about research – essential to include experts in all areas (research, surveillance, evaluation, best practices) around decision-making.
- Being everything to everybody (and in a short timeframe)
- Integration and reflection of Aboriginal dialogue – there are specific Aboriginal issues and different Aboriginal groups. For example, there is a deficit of Métis-specific data
- Evaluation of program delivery, i.e. significant funding going to the development of pamphlets and websites.
- Access to data generally; ownership of data within the Aboriginal community.
- Requirement to examine regulatory policies, taxation, income policies at the systemic level.
- Complexity of the population health approach.
- High-level gaps including the need for more cost/benefit analysis.
- Need for all types of research.
- Maintain broad scope of mapping.

Research Priorities

* Evaluation is an important part of research and is considered part of this WG's mandate.

- Intervention research at the macro level – the determinants of physical activity and healthy eating are known, but there is a gap about effective interventions at the population level. Program evaluation and intervention evaluation are important.
- Surveillance should be comprehensive, integrated and ongoing – surveillance is weak in Canada both at the national and at the community levels, and tools are needed.
- Métis data is a priority need.
- Systems change
 - Remedy separate funding of research and program delivery
 - Lack of community capacity for research and evaluation
 - Insufficient data collection mechanisms.

Next steps

- Finalize working group members list; identify individuals and a chair. Diane Finegood will move the group forward to its first meeting.
- A face-to-face meeting has been identified as a priority.
- Allocate budget to specific tasks.
- Carry out the mapping exercise to outline what has been done and identify needs and gaps.
- The CDPAC Research Workshop being held in November will address systems changes required to improve opportunities for integrated research.

Discussion

Points raised by participants in plenary for the working group's consideration:

- As noted, Stats Can data is weak in several areas, e.g., data from the community level will not be available. However, there are other ways to get at some of the data, e.g., by linking up with school systems that have been successful collecting tobacco use data (using a tool developed by Roy Cameron).
- Data and trends at the provincial level are also available from the National Longitudinal Study on Children and Youth. Other data sources include aggregate data sent to Health Canada from national diabetes surveillance and ACPHHS has formed a task group that is examining surveillance issues. Existing data can be integrated from the top down and the bottom up.
- An Aboriginal children's survey is being developed for the first time, with an expert research committee developing questions, including some focussed on healthy living.
- Evaluation and best practices are also lacking in Canada, but there is some work being done by the Public Health Research Education and Development (PHRED) program and by the Ministry of Education in Saskatchewan. Relevant best practice work is also being done at the international level.

Public Information Working Group

Participants: Dianne Alexander (ACPHHS), Sandra Duncan (Yukon), Judy Purcell (Alliance of Healthy Eating and Physical Activity), Ainiak Korgak (HLTG), Brenda Cantin (AHLN), Elaine Stewart (North West Territories), Francine Godin (Go for Green), Robin Garrett (Food and Consumer Product Manufacturers of Canada), Bill Patrick (Canadian Sporting Goods Association), Jim Mintz (Health Canada)

Purpose: To provide recommendations to the Coordinating Committee regarding a social marketing strategy for healthy living.

Proposed working group members and chair

- Private sector
 - Food and Consumer Products Manufacturers of Canada
 - Canadian Sporting Goods Association
 - Canadian Restaurant and Foodservices Association
- Non-governmental organizations
 - Dieticians of Canada
 - Coalition of Active Living/Go for Green/ Canadian Parks and Recreation Association
 - Canadian Public Health Association
 - Association régionale du sport étudiant de Québec et de chaudière appalaches (Gilles Lepine)
 - Organization from Québec
 - Aboriginal Organization
- Provinces
 - Education (Doug McCall / Paul Cappon)
 - Alberta Healthy Living Network (Neil MacDonald)
 - Ontario
 - BC
 - Health Promotion Nova Scotia
 - Aboriginal representative / territorial representative
 - Health and Social Services (Elsy Durouse)
- Health Canada
- Sport Canada

Priorities for the working group

- To provide expertise to the social marketing strategy being developed by Health Canada.
- Where possible tie into existing local community marketing programs.
- Work closely with key stakeholders, e.g., schools, public health, food industry etc.
- Consult on an ongoing basis with those that work at various levels, e.g., government, industry etc.

Tasks for the working group

- Review the social marketing strategy being developed by Health Canada.
- Involve multiple sectors in message dissemination.
- Discuss possible opportunities for the distribution of the Healthy Eating and Physical Activity Guide.

The purpose of the Healthy Living Strategy is to improve health outcomes and reduce health disparities by promoting healthy eating, active living, and a new way of life.

Target audience

- Family provider (recognizing diversity and accounting for all people who support children) and children in all settings (where they live, work and play) with special consideration for:
 - those living with low socio-economic status
 - Aboriginal audiences.
- Stakeholders – including the food industry, educators, restaurants, municipalities etc.

Key messages

For families and children:

- Adopt a healthy active lifestyle and healthy eating.
- It is easy and fun (with support explaining how it can be easy and fun).
- Live, work and play – incorporate it into all settings.
- Balance
- Find what moves you – allowing people to identify what moves them.
- Small steps – these are significant when added together.
- Focus on the positive.
- Keep it simple.
- Benefits/barriers to change – acknowledge and address barriers including safety concerns, prevalence of computers etc.

For stakeholders:

- School policies – e.g., active and safe routes to school.
- Urban planning – make active transportation options available, e.g., walking and biking.
- Being an enabler is easy.
- Barriers – acknowledge and address barriers up front.

What do we want the target audience to know and believe?

- Understand labelling – there is a great need to educate the public around interpreting the information in food labels.
- People will buy healthy foods.
- What do healthy foods mean? – These must be defined for people.
- Believe that it is attainable – healthy eating and physical activity can be done

- Benefits that it will bring to the individual – e.g., it will help you improve in other areas of your life.
- How to evaluate what you hear about food – clear messages are needed as there is conflicting information communicated.
- Aware of what a healthy weight is.
- Physical activity can be easily integrated into your daily life.
- Look to move those in contemplation stage to action stage – those who are already thinking about healthy eating and physical activity are the best ones to target for action.

Industry involvement

- Industry must be at the table – it is in a unique position to communicate messages
- Corporate role in general
- Guidelines to avoid conflict of interest.
- Keep the pressure on to assure long-term commitment – industry responds to the consumer.
- Need to be transparent in sharing points of view – industry is accountable to shareholders.
- Create demand for the products (healthy products) and the business sector will follow.
- Product innovation awards for health products – this category is growing within industry awards.
- Logos on products – as more groups use the same message, the more useful they can be.
- Organizations involved as influencers – balance this with the “small steps” message.

Next steps

- Invite the members of the Health Canada Public Information Working Group to participate in this working group.
- Finalize the working group membership and select a chair.
- Organize a meeting of the Public Information Working Group in October –choose a date, time, location etc.
- Present key highlights from the marketing research carried out by Health Canada.
- Present draft social marketing strategy developed by Health Canada.
- Report back to co-chairs of the Coordinating Committee.
- Inform the networks.

Discussion

Points raised by participants in plenary for the working group’s consideration:

- The healthy living and physical activity messages must be integrated; the organizations working in the two areas must come together to relay similar messages. Several organizations are working on public information around one or both of the areas, including cancer societies, diabetes foundations, Heart and Stroke etc.

- Aboriginal groups should not be under provincial jurisdiction in the membership list, they should be listed under national.
- A simple policy tool will be created by the School Health Consortium based on a WHO initiative and will be available online.

Considerations

Evaluate. Develop an evaluation process for the work of the groups and their expected outcomes. Include health outcomes data as well as data on policy, program and interventions.

Support community-based initiatives. Communities are best suited to identify their own needs and solutions.

Ensure flexibility to accommodate different communities/populations/audiences. Ensure all tools and messages etc. can be adapted and applied to the various jurisdictions, communities and populations, e.g., components specific to Aboriginal populations that are culturally relevant and in the appropriate language.

General Next Steps

Identify short-term action. All working groups must draft work plans by the end of October that identify priority action steps to be accomplished within the \$20K budget and by the March 2005 deadline. The timelines are tight necessitating immediate action and organization.

Create a coordinating mechanism to ensure there is an interface between the four working groups. The work of the four working groups overlaps and they will therefore benefit from a synergistic relationship. A coordinating mechanism is needed to ensure there is proper communication between the working groups, allowing them to draw on and inform each other's efforts. The web-based communications tool will serve as a primary communications tool for the groups.

Appendix A

AGENDA

1st Meeting of the Coordinating Committee
for the Intersectoral Healthy Living Network

Wednesday, September 22, 2004

5:30 – 7:30PM

Welcome Reception and Opening Program

Opening remarks from 3 co-chairs, including an update on the Integrated Pan-Canadian Healthy Living Strategy

Meeting Expectations

Thursday, September 23, 2004

8:00AM – 5:00PM

Morning

Overview of Intersectoral Healthy Living Network and the Coordinating Committee

Discussion of expected outcomes (co-chairs to clarify and explain)

Afternoon

Presentation by Public Information Working Group

Break-out sessions

Priorities and Objectives

Research and Surveillance

Intersectoral Fund

Public Information

Friday, September 24, 2004

8:30AM – 12:00PM

Presentation of Healthy Living Network communications mechanism

Wrap Up

Next steps

Appendix B

Intersectoral Health Living Network Coordinating Committee Meeting Ottawa, September 23 & 24, 2004

Participant List

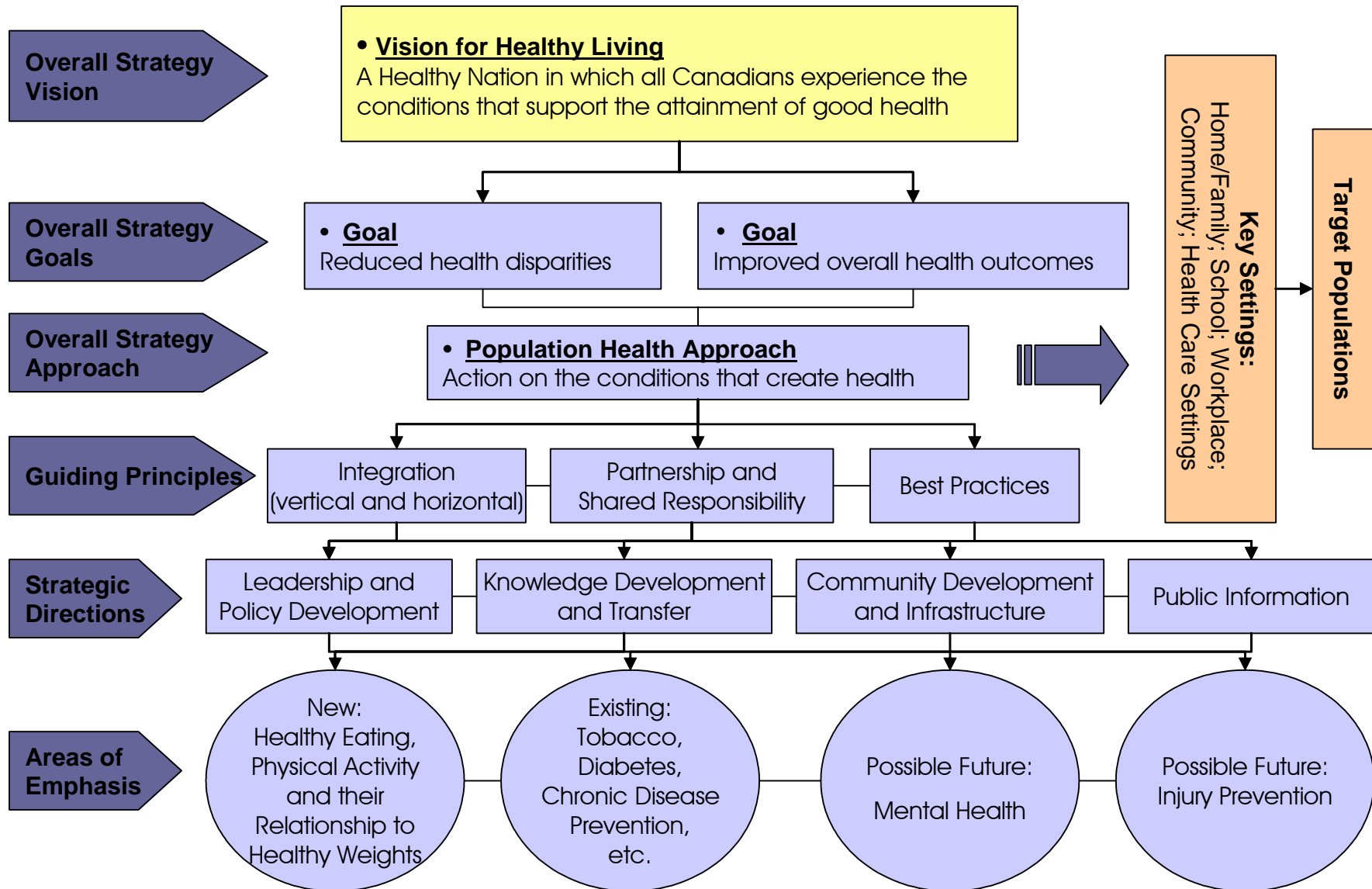
Name	Organization
Ainiak Korgak	Nunavut - Health Promotion, Health & Social Services
Ann Ellis	Health Canada - Office of Nutrition Policy & Promotion
Bill Patrick	Canadian Sporting Goods Association
Bill Werry	SK - Saskatchewan Learning
Brandi Epstein	IHLN Secretariat
Brenda Cantin	AB - Alberta Healthy Living Network Coordinating Committee
Bryan Hendry	Assembly of First Nations
Candace Smith	Health Canada - Healthy Communities Division
Catherine Dallas	Inuit Tapiriit Kanatami
Claude Rocan	Coordinating Committee Co - Chair
Colette Arnal	United Way of Canada
Daniele Besner	Health Canada - Healthy Communities Division
Dawn Binns	PEI - Canadian Cancer Society
Diane Finegood	Canadian Institutes of Health Research
Dianne Alexander	HLTG - ON - Associate to the ACPHHS P/T Co-Chair
Doug McCall	Council of Ministers of Education Canada
Dr. Joel Kettner	HLTG - MB Chief Medical Officer of Health
Dr. Paul Cappon	Council of Ministers of Education Canada
Dr. Rick Bell	Coalition for Active Living
Dr. Verna Mai	ON - Ontario Chronic Disease Prevention Alliance
Duane Morriveau	Metis National Council
Elaine Stewart	NWT - Early Childhood and School Services, Dep't of Education, Culture and Employment
Eleanor Swanson	HLTG - NL, Wellness Strategy - Department of Health & Community Services
Elinor Wilson	Coordinating Committee Co – Chair (CDPAC & CPHA)
Erin Murphy	Federation of Canadian Municipalities
Esther Roberts	Canadian Association of Independent Living Centres
Farida Gabbani	HLTG - NS, Sport & Recreation Division
Francine Godin	Go for Green
Heidi Craswell	Health Canada - Healthy Communities Division

Helen Butland	Health Canada - Healthy Communities Division
Jane MacDonald	Canadian Nurses Association
Jim Mintz	Health Canada - Communications
John Millar	BC - BC Healthy Living Alliance
Judith Madill	Social Marketing Representative
Judy Purcell	NS- Alliance for Healthy Eating and Physical Activity
Karen Giannou	NL - Association of Allied Health Professionals representing the Wellness Advisory Council
Karin Lofstrom	Canadian Association for the Advancement of Women in Sport and Physical Activity (CAAWS)
Kathleen Morris	Canadian Population Health Initiative c/o Canadian Institute for Health Information Ottawa
Leanne Boyd	Childhood and Adolescence Task Group
Lorraine Adam	MB - Manitoba Health - Healthy Living Planning Committee
Mary Bush	Health Canada - Health Products and Food Branch
Michael Hayes	HLTG - Institute for Health Research & Education
Michael Trottier	Facilitator
Neil MacDonald	Coordinating Committee Co - Chair
Oleh Romaniw	Canadian Ethnocultural Council (CEC)
Pamela Turpin	Health Canada - Healthy Living Unit
Robert McGarry	Congress of National Seniors' Organizations
Robin Garrett	Food and Consumer Product Manufacturers of Canada
Ruth Hawkins	Health Canada - Healthy Living Unit
Sandra Duncan	YK - Recreation and Parks Association of the Yukon
Sharon Zeiler	Network on Healthy Eating
Shelley Cotroneo	Health Canada - Communications
Stephanie Lawrence	Report Writer
Tracy Gierman	Chronic Disease Prevention Alliance of Canada
Tracy Howson	Ontario Public Health Association

Appendix C

Healthy Living Strategy Framework Schematic

Integrated Pan-Canadian Healthy Living Strategy Framework



Final – 11-08-03